

**Michigan Department of Community Health  
Bureau of Health Policy, Planning & Access  
EMS and Trauma Systems Section**

201 Townsend Street  
Lansing, Michigan 48913

**MDCH USE ONLY**

Date Received by Regional Coordinator: \_\_\_\_\_  
Date Amendments Requested: \_\_\_\_\_  
Amendments Received: \_\_\_\_\_  
Date to MDCH: \_\_\_\_\_  
Date Interim Review Notice to Sponsor: \_\_\_\_\_  
Course Approval ☐ Yes ☐ No  
Regional Coordinator Signature \_\_\_\_\_

☐ Changes to previously approved course

☐ Additional Course Approved Location

**APPROVED EMS EDUCATION PROGRAM SPONSOR INTERIM COURSE APPLICATION**

For all additional course offerings within the approval period, the sponsor must submit this form with required documentation to the Regional Coordinator in the region where the course is located.

**This original notification must be received by the Regional Coordinator at least 30 days prior to the start of the course.** Receipt less than 30 days prior will result in delay of start date. Failure to complete and submit this form as prescribed may result in the education program sponsor approval revocation. If changes are made to a previously approved course, this form must be submitted as soon as changes are known.

1.

Education Program Sponsor			
Address			
City	State	Zip	County
Sponsor Representative	Title	Telephone Number	
Program Sponsor Approval #:		Approval Valid Through:	

2.

Level of course to be offered:	
_____ MFR	_____ EMT Matriculation
_____ Basic EMT	_____ Basic EMT Refresher
_____ EMT-Specialist	_____ EMT-Specialist Refresher
_____ Paramedic	_____ Paramedic Refresher
_____ Instructor/Coordinator	_____ Instructor/Coordinator Refresher

3.

Dates of Course:	
Start _____	Ending _____
Meeting Days: S M T W Th F S	Class Hours: _____

4.

Specific Course Location _____ (Building, Room Number) _____
Address _____
_____

5. If this is an application for **Changes to Previously Approved Course**:

**IDENTIFY ANY AND ALL CHANGES MADE SINCE APPROVAL OF PROGRAM SPONSOR APPLICATION** (e.g., change of course schedule, change of course coordinator, faculty, clinical site, etc.) and **attach required documentation**.

6. If this is an application for an **Additional Course at Approved Location**:

- a. **IDENTIFY ANY AND ALL CHANGES MADE SINCE APPROVAL OF PROGRAM SPONSOR APPLICATION** (e.g., change of course coordinator, physician director, faculty, clinical site, etc.) and **attach required documentation**.
- b. **ATTACH COURSE SCHEDULE** (UTILIZE THE ATTACHED FORMAT).

7. **REQUIRED SIGNATURES**

**Course Coordinator:**

I affirm my commitment to serve as Course Coordinator and to comply with all MDCH requirements for education program Course Coordinators, as described in the program approval packet.

Program Course Coordinator Name	Title	Telephone Number (      )
Original Signature - Program Course Coordinator		Date

**Program Sponsor Representative:**

I affirm that all information submitted with this form is true and that the Program Sponsor continues to comply with all requirements upon which the program sponsor approval was based. The Sponsor assumes full responsibility for this course and will provide necessary oversight of the course.

Printed Name of Authorized Program Sponsor's Representative	Title	Telephone Number (      )
Original Signature – Authorized Program Sponsor's Representative		Date

**Physician Director :**

I affirm that all information submitted with this form is true and that the Program continues to comply with all requirements upon which the program sponsor approval was based. I assure responsibility for medical direction of this course and will provide necessary oversight of the course.

Printed Name of Physician Director
Original Signature – Physician Director (Please indicate M.D. or D.O.)
Date

# COURSE SCHEDULE

Program Sponsor: \_\_\_\_\_

Course Level: \_\_\_\_\_

# Clinical Hours: \_\_\_\_\_

Course Coordinator: \_\_\_\_\_

Course Location: \_\_\_\_\_

Hospital: \_\_\_\_\_

Pre-Hospital: \_\_\_\_\_

Attach course schedule(s) to application. Schedule must include topics and hours required in MDCH Education Program Requirements.

Lesson Number	Date & Time	Didactic Hours	Practical Hours	Topic	Instructor(s)